

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ph</i>	<i>67814</i>	<i>10/31/00</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>11/16/00</i>
FORMALITY REVIEW	<i>CM</i>	<i>71632</i>	<i>12/13/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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